UPLAND HILLS NURSING & REHABILITATION CENTER

800 COMPASSION	WAY, BO	X 800
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DODGEVILLE 53533 Phone: (608) 930-7600		Ownership:	Non-Profit Corporation
Operated from $1/1$ To $12/31$ Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	44	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	44	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	44	Average Daily Census:	42

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 					15.9 52.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.3	More Than 4 Years	11.4
Day Services	No	Mental Illness (Org./Psy)	20.5	65 - 74	11.4		
Respite Care	Yes	Mental Illness (Other)	2.3	75 - 84	43.2		79.5
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	34.1	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Resi	dents.
Home Delivered Meals	No	Fractures	18.2		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	20.5	65 & Over	97.7		
Transportation	No	Cerebrovascular	9.1			RNs	14.4
Referral Service	No	Diabetes	6.8	Gender	용	LPNs	4.9
Other Services	No	Respiratory	4.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	18.2	Male	72.7	Aides, & Orderlies	39.1
Mentally Ill	No			Female	27.3		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	!		amily Care		į	Managed Care	l		
Level of Care	No.	엉	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	 7	100.0	317	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	15.9
Skilled Care	0	0.0	0	18	81.8	151	0	0.0	0	6	42.9	154	0	0.0	0	1	100.0	350	25	56.8
Intermediate				4	18.2	141	0	0.0	0	4	28.6	144	0	0.0	0	0	0.0	0	8	18.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	4	28.6	134	0	0.0	0	0	0.0	0	4	9.1
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		22	100.0		0	0.0		14	100.0		0	0.0		1	100.0		44	100.0

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UPLAND HILLS NURSING & REHABILITATION CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, a	and Activities as of 12,	/31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	4.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	4.5		88.6	6.8	44
Other Nursing Homes	3.6	Dressing	22.7		70.5	6.8	44
Acute Care Hospitals	85.7	Transferring	31.8		61.4	6.8	44
Psych. HospMR/DD Facilities	0.0	Toilet Use	31.8		61.4	6.8	44
Rehabilitation Hospitals	0.0	Eating	84.1		6.8	9.1	44
Other Locations	6.0	******	*****	*****	******	******	*****
Total Number of Admissions	84	Continence		용	Special Treatme	ents	8
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving Res	piratory Care	9.1
Private Home/No Home Health	56.3	Occ/Freq. Incontinen	t of Bladder	38.6	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	8.8	Occ/Freq. Incontinen	t of Bowel	18.2	Receiving Suc	tioning	0.0
Other Nursing Homes	0.0				Receiving Ost	omy Care	9.1
Acute Care Hospitals	2.5	Mobility			Receiving Tub	e Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Med	hanically Altered Diet:	s 25.0
Rehabilitation Hospitals	0.0						
Other Locations	6.3	Skin Care			Other Resident	Characteristics	
Deaths	26.3	With Pressure Sores		4.5	Have Advance	Directives	50.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	80				Receiving Psy	choactive Drugs	59.1

	This	Other	Hospital-	All		
	Facility	Based F	acilities	Faci	lties	
	%	%	Ratio	90	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	95.5	90.1	1.06	87.4	1.09	
Current Residents from In-County	93.2	83.8	1.11	76.7	1.21	
Admissions from In-County, Still Residing	19.0	14.2	1.35	19.6	0.97	
Admissions/Average Daily Census	200.0	229.5	0.87	141.3	1.42	
Discharges/Average Daily Census	190.5	229.2	0.83	142.5	1.34	
Discharges To Private Residence/Average Daily Census	123.8	124.8	0.99	61.6	2.01	
Residents Receiving Skilled Care	72.7	92.5	0.79	88.1	0.83	
Residents Aged 65 and Older	97.7	91.8	1.06	87.8	1.11	
Title 19 (Medicaid) Funded Residents	50.0	64.4	0.78	65.9	0.76	
Private Pay Funded Residents	31.8	22.4	1.42	21.0	1.52	
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00	
Mentally Ill Residents	22.7	32.9	0.69	33.6	0.68	
General Medical Service Residents	18.2	22.9	0.79	20.6	0.88	
Impaired ADL (Mean) *	37.3	48.6	0.77	49.4	0.75	
Psychological Problems	59.1	55.4	1.07	57.4	1.03	
Nursing Care Required (Mean) *	6.0	7.0	0.85	7.3	0.81	